



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**
State Form 57480 (R2 / 4-25)
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

Release Date	10 Days	Date <i>6-3-25</i> Time In <i>8-23</i> Time Out
No. of Risk Factor/Intervention Violations		
No. of Repeat Risk Factor/Intervention Violations		

Establishment	Address	City/State	Zip Code	Telephone
Scooter's Coffee	797 South Wabash Street	Wabash, Indiana	46992	(260) 946-0121
License/Permit #	Permit Holder	Purpose of Inspection <i>Root, Inc</i>	Est. Type	Risk Category
595	Waterslak CFEi1, LLC		Coffee	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item
IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

Mark "X" in appropriate box for COS and/or R
COS=corrected on-site during inspection R=repeat violation

Compliance Status		COS	R	Compliance Status	COS	R
Supervision						
1	IN OUT N/A N/O	Person in charge present, demonstrates knowledge, and performs duties		17	IN OUT N/A N/O	Proper disposition of returned, previously served, reconditioned & unsafe food
2	IN OUT N/A N/O	Certified Food Protection Manager		18	IN OUT N/A N/O	Proper cooking time & temperatures
Employee Health						
3	IN OUT N/A N/O	Management, food employee and conditional employee; knowledge, responsibilities and reporting		19	IN OUT N/A N/O	Proper reheating procedures for hot holding
4	IN OUT N/A N/O	Proper use of restriction and exclusion		20	IN OUT N/A N/O	Proper cooling time and temperature
5	IN OUT N/A N/O	Procedures for responding to vomiting and diarrheal events		21	IN OUT N/A N/O	Proper hot holding temperatures
Good Hygienic Practices						
6	IN OUT N/A N/O	Proper eating, tasting, drinking, or tobacco products use		22	IN OUT N/A N/O	Proper cold holding temperatures
7	IN OUT N/A N/O	No discharge from eyes, nose, and mouth		23	IN OUT N/A N/O	Proper date marking and disposition
Preventing Contamination by Hands						
8	IN OUT N/A N/O	Hands clean & properly washed		24	IN OUT N/A N/O	Time as a Public Health Control; procedures & records
9	IN OUT N/A N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		Consumer Advisory		
10	IN OUT N/A N/O	Adequate handwashing sinks properly supplied and accessible		25	IN OUT N/A N/O	Consumer advisory provided for raw/undercooked food
Approved Source						
11	IN OUT N/A N/O	Food obtained from approved source		Highly Susceptible Populations		
12	IN OUT N/A N/O	Food received at proper temperature		26	IN OUT N/A N/O	Pasteurized foods used; prohibited foods not offered
13	IN OUT N/A N/O	Food in good condition, safe, & unadulterated		27	IN OUT N/A N/O	Food additives: approved & properly used
14	IN OUT N/A N/O	Required records available: molluscan shellfish identification, parasite destruction		28	IN OUT N/A N/O	Toxic substances properly identified, stored, & used
Protection from Contamination						
15	IN OUT N/A N/O	Food separated and protected		Conformance with Approved Procedures		
16	IN OUT N/A N/O	Food-contact surfaces; cleaned & sanitized		29	IN OUT N/A N/O	Compliance with variance/specialized process/HACCP

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES					
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.					
Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation					
Compliance Status		COS	R		
Safe Food and Water					
30	Pasteurized eggs used where required				
31	Water & ice from approved source				
32	Variance obtained for specialized processing methods				
Food Temperature Control					
33	Proper cooling methods used; adequate equipment for temperature control				
34	Plant food properly cooked for hot holding				
35	Approved thawing methods used				
36	Thermometers provided & accurate				
Food Identification					
37	Food properly labeled; original container				
Prevention of Food Contamination					
38	Insects, rodents, & animals not present				
39	Contamination prevented during food preparation, storage & display				
40	Personal cleanliness				
41	Wiping cloths: properly used & stored				
42	Washing fruits & vegetables				
Proper Use of Utensils					
43	In-use utensils: properly stored				
44	Utensils, equipment & linens: properly stored, dried, & handled				
45	Single-use/single-service articles: properly stored & used				
46	Gloves used properly				
Utensils, Equipment and Vending					
47	Food & non-food contact surfaces cleanable, properly designed, constructed, & used				
48	Warewashing facilities: installed, maintained, & used; test strips				
49	Non-food contact surfaces clean				
Physical Facilities					
50	Hot & cold water available; adequate pressure				
51	Plumbing installed; proper backflow devices				
52	Sewage & wastewater properly disposed				
53	Toilet facilities: properly constructed, supplied, & cleaned				
54	Garbage & refuse properly disposed; facilities maintained				
55	Physical facilities installed, maintained, & clean				
56	Adequate ventilation & lighting; designated areas used				

Person In Charge (Signature)

Date: *6-3-25*

Inspector (Signature)

Follow-up: YES NO (Circle one) Follow-up Date:



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Compliance Status						COS	R	Compliance Status		COS	R				
57	IN	OUT	N/A	N/O	Outdoor Food Operation			58	IN	OUT	N/A	N/O	Mobile Retail Food Establishment		

TEMPERATURE OBSERVATIONS

OBSERVATIONS AND CORRECTIVE ACTIONS

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Person In Charge (Signature)

Date: _____

Inspector (Signature)

Date:



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OBSERVATIONS AND CORRECTIVE ACTIONS

Published Comment

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Date:

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